This investigation confirms the finding that the lower grade patients have fewer oligophrenic relatives. For example, the percentage of oligophrenic sibs is 26 as against 51 (8 and 22 if only those that would be regarded as feeble-minded in England are included). The parents of the two groups showed 12 and 65 per cent. oligophrenics respectively (1 and 26 per cent. feeble-minded by English standards). In the case of the higher grade patients where both parents are oligophrenic, 94 per cent. of the children are also oligophrenic, and it is interesting to note that the grade of retardation does not appear to affect the result. Similarly, in the low-grade cases the result is about 90 per cent., though there are few cases (10 out of 11 children). Of the 50 high-grade cases the author classifies 2 as exogenous, and of the 50 low-grade cases 8. Four of these cases are ascribed to birth injury, 2 each to head injury and cerebral disturbances following pneumonia, and 1 each to chronic epidemic encephalitis and cerebral disturbances of an unknown nature.

The author is emphatic that associated neurological abnormalities are not sufficient evidence for an exogenous causation. This is in harmony with the important work of J. C. Smith on twins. When this simple point is appreciated we shall perhaps see fewer of the fantastic calculations that still appear, particularly in this country, the authors of such calculations being apparently able to persuade themselves that heredity is an ætiological factor of importance in only a trifling proportion of cases of amentia. In a recent paper Gordon, Norman, and Berry record the results of a neurological examination of a large group of aments. In a high proportion of cases neurological signs are present that in normal persons would indicate disease, but which in these defectives are to be regarded as abnormalities associated with a feeble nervous system. Much has been made recently of the distinction between sub-cultural and pathological amentia, and the continuity of the curve of distribution of mental ability. But the neurological abnormalities show such gradations, are often so slight, and often so anomalous, that here too we see that merging of one class into another. If there is no sharp demarcation between normality and sub-cultural deficiency, there is equally no clear distinction between sub-cultural and pathological deficiency.

Dr. Wildenskov's monograph may be thoroughly recommended as an able presentation of a most careful investigation, and also as an unbiased and illuminating account of the present state of knowledge of the causation of mental deficiency.

J. A. FRASER ROBERTS.

SEX ANATOMY

Dickinson, Robert Latou, M.D., F.A.C.S. *Human Sex Anatomy: A Topographical Hand Atlas.* London, 1933. Baillière, Tindall & Cox. Pp. 145. Price 45s.

THIS book is in the first place an atlas. It consists of over one thousand drawings, grouped in 173 "figures," covering the following subjects: the bony pelvis; the uterus, ovaries and tubes; the vagina; the vulva and breasts; male generative anatomy; the anatomy of coitus; and anatomy of the control of conception. Secondly, it is a detailed text-book on the subject-matter of the atlas, giving in a series of chapters a full account of the data on which the actual drawings are based. It may convey some sense of the completeness of this part of the book if one simply enumerates some of the subjects discussed in a single chapter. Chapter III on the uterus and ovary may serve as an example. In this, the author discusses the dimensions of the uterus, casts and *X*-ray pictures of the uterine cavity, the size and shape and distortions in shadows of the cavity, infantile forms of the uterus, the shape and action of the cornua, sterilization by cautery, the tubal spindle and sphincter, the location of the fundus, the shape of the cervical canal, the thickness of the uterine wall, cyclic changes in the uterus and ovary, contractions in the empty uterus, arrangements of the uterine muscles—and still there are some that have not been mentioned! Or consider the

following in the chapter on the anatomy of coitus: pulse records during coitus, theories on coital mechanisms, descent of the uterus, interlocking, displacement of pelvic organs in coitus, coital posture and sterility, muscular anatomy and the treatment of dyspareunia—and so on and so on with all the erudition and critical appraisal of data from many sources that the subject demands.

It is hardly necessary to say after this that the author is the indefatigable secretary to the National Committee on Maternal Health, Dr. Robert Dickinson, whose painstaking studies of human sex anatomy, extending over forty years of practice and aided by exceptional gifts of observation and draughtsmanship (to say nothing of an incredible industry and the patience to record immediately in words and drawings what has been observed) have made him the pre-eminent authority in this field of knowledge. The drawings must be seen to be believed. We are so accustomed to learning our anatomy from the cadaver, or to visualizing structure in terms of pretty-pretty symmetrical diagrams that adorn text-books on anatomy, that for most of us the drawings in this book, accurate representations of living structures, cannot fail to come as a revelation. This is not to suggest that Dr. Dickinson does not express many of his observations in diagrammatic form; he does; but even when he is most diagrammatic the reality he aims at symbolizing is that of life and not of the dissecting room. Some of the drawings will be familiar to those who have read the author's admirable text-book on contraception,* but to the English reader all the rest will be new. It may be added that they will also probably come as a shock (intellectual, not moral !) for it may be doubted if there is a gynæcologist, even an anatomist, who would not find some of his pre-conceptions disturbed by the realistic figures shown in the atlas. Some idea of the volume of material that had to be sifted and collated in preparing the work may be got from the fact that the author's case histories averaged ten drawings apiece, and some carried over sixty. As a rule they were drawn to scale, and in later years were made full size from actual measurements !

The work is supplied with a comprehensive bibliography and a good index. It is admirably printed on good paper, and the actual work of reproducing the drawings leaves nothing to be desired.

MICHAEL FIELDING.

* *Control of Conception*, by R. L. Dickinson and L. S. Bryant, 1932. Baillière, Tindall and Cox. Reviewed by Dr. C. I. B. Voge in EUGENICS REVIEW, July 1932, p. 152.